STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675118	A. Building B. Wing	10/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brush Country Nursing and Rehabilitation	6500 Brush Country Rd Austin, TX 78749

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675118	A. Building B. Wing	10/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brush Country Nursing and Rehabilitation	6500 Brush Country Rd Austin, TX 78749

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure the Residents room was equipped for adequate nursing care, comfort, and privacy for two (Resident #1 and Resident #2) of seven Residents observed for privacy. The facility failed to ensure that there was a privacy curtain in Resident #2 and Resident #3's bedroom to provide privacy. This place Residents at risks for decreased privacy, dignity and quality of life. Findings included: Review of Resident #2's face sheet printed 10/02/2025 reflected a [AGE] year-old female who was admitted on [DATE] with the following dx:. Depression (a mood disorder that causes a persistent feeling of sadness and loss on interest), Essential (Primary) Hypertension (is defined as high blood pressure that occurs without an identifiable medical condition causing it), Hypothyroidism (underactive thyroid, occurs when the thyroid gland does not produce enough thyroid hormones, leading to a slowed metabolism)Review of Resident#2's quarterly minimum data set (MDS) assessment dated [DATE] reflected a BIMS score 5, indicating severe cognitive impairment. Section GG reflected impair mobility on both lower extremities. It also reflected 1 for toileting hygiene which indicated Resident #2 was Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the residents to complete the activity.Review of Resident 2's care plan initiated 08/12/2025 reflected Resident #2 had limited physical mobility related to advanced age, bowel and bladder incontinence related to impaired cognition and mobility with intervention to provide incontinence care after each incontinent episode. There was no evidence of Resident #2 or family not wanting privacy curtains in the room while she shared room with her male family member. Review of Resident #3's face sheet printed 10/02/2025 reflected a [AGE] year-old male who was admitted on 05/292025 with the following dx:. Paraplegia complete (total loss of motor and sensory function in the lower body.), muscle wasting, Neuromuscular dysfunction of bladder (occurs when there is problem with the brain, nerves, or spinal cord that affects the bladder control. This condition can lead to issues such as urinary incontinence or retention, as the nerves that communicate between the bladder and the brain do not function properly.)Review of Resident#3's quarterly minimum data set (MDS) assessment dated [DATE] reflected a brief interview for mental status (BIMS) score 15, indicating no impairment. Section H indicated Resident #3 had an indwelling catheter and an external catheter. Section GG reflected impair mobility on both lower extremities. It also reflected 2 for toileting hygiene which indicated Resident #3 was Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.Review of Resident 3's care plan initiated 08/11/2025 reflected Resident #3 had required assistance from staff with ADLs due to paraplegia, had bowel incontinence with intervention to provide incontinence care with each episode, had indwelling catheterdue to dx of neurogenic bladder. There was no evidence of Resident #3 or family not wanting privacy curtains in the room while he shared room with his female family. During an observation on 10/02/2025 at about 11:12 am, It was observed room [ROOM NUMBER] had had a male and a female resident (Resident's #2 and #3) observation also revealed there was no privacy curtain in the room to provide privacy when performing care personal care. During an interview on 10/02/2025 at 11:15 am, Resident #3 stated Resident #2 was his female family member and they were sharing the same room. Resident #3 stated there had not been a privacy curtains in their room since they were admitted to the facility. Resident #3 stated his family oversaw them and they had been sharing rooms in other facilities so he could look out for his Resident #2. Resident #3 stated he did not complain about privacy curtains to the facility staff, but he was not bothered by not having privacy curtains, but it might bother Resident #2. During an interview on 10/02/2025 at 11:20 am Resident #2 stated Resident #3 was her and they were in the same room. Resident #2 stated staff have to provide incontinent care for her in the room while (Resident #3) was in the room. Resident #2 stated it bothered her a lot, but she did not have a choice, the facility had chosen that way for she and Resident #3to be in the facility. Resident #2 stated, there was no privacy, , we will get back to privacy. Resident #2 stated, I didn't grow up dressing in front of daddy. I get embarrassed sometimes but that is what they have chosen for us. But [Resident #3] doesn't stare at me when they are providing care. The way I know is I look at him. During an interview on 10/02/2025 at 1:24 pm, CNA B stated she usually works on the 200 hall. CNA B stated she sometimes helps CNA C to provide care for Resident's in room [ROOM NUMBER]. CNA B stated she had provided care for Residents #2 and #3 including incontinent care. CNA B stated there were no privacy curtains in room [ROOM NUMBER] to provide privacy when performing personal care. CNA stated it

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675118	A. Building B. Wing	10/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brush Country Nursing and Rehabilitation	6500 Brush Country Rd Austin, TX 78749

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0697 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Provide safe, appropriate pain management for a resident who requires such services. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675118	A. Building B. Wing	10/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brush Country Nursing and Rehabilitation	6500 Brush Country Rd Austin, TX 78749

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0697 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record review, the facility failed to ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for one (Resident #1) of three residents reviewed for pain. The facility failed to provide effective pain interventions for Resident #1 on 09/14/2025. Resident #1 called for emergency transfer to the ER for pain management. An IJ was identified on10/03/2025. The IJ template was provided to the facility on [DATE] at 12:34 pm. While the IJ was removed on 10/04/2025, the facility remained out of compliance at a scope of pattern and a severity level of no actual harm because the facility needs to evaluate the effectiveness of the corrective systemsThese failures could place residents at risk of increased pain, hospitalization, and a decreased quality of life.These failures could place residents at risk of increased pain, hospitalization, and a decreased quality of life. Findings included Review of Resident #1's face sheet printed 10/02/2025 reflected a [AGE] year-old female who was admitted on [DATE] with the following dx. Chronic pain syndrome (is a long-term condition characterized by persistent pain that lasts for months or years, significantly affecting daily life. It can arise from various causes, including injury, illness, or underlying medical conditions, and may lead to complications such as depression and anxiety), Migraines with aura (is characterized by sensory disturbances that occur before or during a migraine attack, including visual changes, tingling sensations, and sometimes speech difficulties. The auras typically occur 30 to 60 minutes before the onset of a headache.), contracture left wrist (refers to the tightening and stiffening of the soft tissues around the wrist, which can lead to reduced mobility and function), need assistance with personal care and lack of coordination. Review of Resident#1's quarterly minimum data set (MDS) assessment dated [DATE] reflected a brief interview for mental status (BIMS) score 15, indicating no impairment. Section J (Health Conditions) reflected pain presence was continuous, Pain frequency was frequent, pain interference with therapy activities was frequent, pain effect on sleep was frequent and pain Numerical rating was 7 on the scale with 10 being the worst pain. Review of Resident 1's care plan initiated 08/15/2025 reflected Resident #1 had chronic pain, muscle spasms and neuropathy (is a condition that occurs when the peripheral nerves are damaged, leading to symptoms such as tingling, burning, or numbness in the affected areas, typically the legs, feet, arms and hands.) and Resident #1 took pain medication. It was also reflected Resident #1 was at risk for GI upset (Gastrointestinal -GI encompasses various conditions affecting the digestive system) due to abdominal pain, nausea and vomiting and GERD (GERD-Gastroesophageal Reflex Disease is a chronic disease where the stomach contents flow back to the esophagus, leading to symptoms like heart burns, regurgitation, and inflammation.) with intervention to give analgesia (pain) medication as ordered. Review of Resident #1's physician orders reflected an order dated 08/14/2025 for Oxycodone HCl Oral Tablet 5 MG (Oxycodone HCl) Give 1 tablet by mouth every 6 hours as needed for pain. Review of Resident #1's Narcotic count sheet reflected Resident #1 was admitted with 5 pills of Oxycodone 5mg on 08/14/2025. It also reflected that Resident #1 Oxycodone 5 mg was administered on the following dates:08/20/2025 at 7:04 pm08/21/2025 at 5:14 am 08//22/2025 at 11:00 pm08/25/2025 at 5:20 am 08/25/2025 at 10:00 pm Review of Resident #1's MAR/TAR reflected:Oxycodone HCl Oral Tablet 5 MG (Oxycodone HCl) Give 1 tablet by mouth every 6 hours as needed for pain was given on 08/20 and 08/21/2025 for pain level of 7 on the scale 0-10. There was no evidence that Resident #1 was given pain medication in the month of September. Review of Pharmacy receipt for Resident #1 from 08/14/2025 through 10/02/2025 reflected Oxycodone 5 mg was never filled out by the local pharmacy. Review of Resident #1's hospital records reflected the following:Hospital record dated 08/31/2025 reflected: Reason for visit-Abdominal pain. Diagnosis - Diarrhea. Treatment -Morphine (pain medication) given at 4:49 pm and Hydromorphone (Pian medication) at 5:55 pm andHospital record dated 09/14/2025 reflected: Reason for visit-Abdominal pain and diarrhea. Diagnoses-Chronic abdominal pain Review of Resident #1's Progress notes from 08/14/2025 through 10/03/2025 reflected no evidence that staff had attempted to contact Resident #1's NP or MD regarding triplicate for Resident #1's oxycodone 5 mg. Review of Resident #1's progress notes dated 09/14/2025 reflected written by LVN A reflected: RESIDENT COMPLAINT OF ABDOMINAL PAIN, RESIDENT HAS SOME PRN PAIN MEDICATION, WHICH OXYCODONE 5 MG EVERY 8 HOURS AND TYLENOL 500MG PRN, INSIDE THE CONTROL BOX, THERE IS NO OXYCODONE FIND, NURSE OFFER RESIDENT TYLENOL 500MG SINCE THERE IS NO OXYCODONE